

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

101537057

APPLICANT#

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1							51					
2								52					
3								53					
4								54					
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43								93					
44								94					
45								95					
46								96					
47								97					
48								98					
49								99					
50								100					
TOTAL IND.		↓	3	↓		↓		TOTAL IND.		↓		↓	↓
TOTAL DEP.		←	10	←		←		TOTAL DEP.		←		←	←
TOTAL CLASRS		[REDACTED]	13	[REDACTED]		[REDACTED]		TOTAL CLASRS		[REDACTED]		[REDACTED]	[REDACTED]